| Fill in this information to identify your case: | | | | | | | |
|--|--|--|--|--|--|--|--|
| Debtor 1 Jose S Sanchez, Jr. | | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | |
| United States Bankruptcy Court for the: Eastern District of Pennsylvania | | | | | | | |
| Case number (if known) | | | | | | | |

| Check as directed in lines 17 and 21: | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | | |
| • | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | | |
| - | 4. The commitment period is 5 years. | | | | | | | | |

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| if you have nothing to report for any line, write 50 in the s | space. | | | |
|---|-----------------------------------|-------------|--------|--|
| | | | | |
| Your gross wages, salary, tips, bonuses, overtime all payroll deductions). | , and commissions (before | \$ 6,146.40 | \$ | |
| Alimony and maintenance payments. Do not include Column B is filled in. | e payments from a spouse if | \$ 0.00 | \$ | |
| 4. All amounts from any source which are regularly pof you or your dependents, including child suppor from an unmarried partner, members of your househout and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3. | | \$0.00 | | |
| 5. Net income from operating a business, profession | , or farm | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | | | |
| Net monthly income from a business, profession, or fa | arm \$ 0.00 Copy here -> | \$ 0.00 | \$0.00 | |
| Net income from rental and other real property Gross receipts (before all deductions) Ordinary and necessary operating expenses | \$ <u>0.00</u> -\$ <u>0.00</u> | 0.00 | 0.00 | |
| Net monthly income from rental or other real property | \$0.00 Copy here -> | >\$ 0.00 | \$ | |

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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| Debtor 1 | Jose S Sanchez, Jr. | | Case number | r (if known) | | | |
|--------------------------|--|--------------|-------------------|--------------|-----------------------------------|------------|----------------------------|
| | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
| 7. Int | erest, dividends, and royalties | | \$ | 0.00 | \$ | 0.00 | |
| | employment compensation | | \$ | 0.00 | \$ | 0.00 | |
| und | not enter the amount if you contend that the amount received was a beneater the Social Security Act. Instead, list it here: | efit | | | | | |
| l | | .00 | | | | | |
| | | .00 | | | | | |
| | nsion or retirement income. Do not include any amount received that water the Social Security Act. | as a | \$ | 0.00 | \$ | 0.00 | |
| Do red doi tota | come from all other sources not listed above. Specify the source and a not include any benefits received under the Social Security Act or payme seived as a victim of a war crime, a crime against humanity, or internation mestic terrorism. If necessary, list other sources on a separate page and pal on line 10c. | nts al or | ٥ | | 0 | | |
| | 10a. | | \$ | 0.00 | \$ | 0.00 | |
| | 10b | | \$ | 0.00 | \$ | 0.00 | |
| | 10c. Total amounts from separate pages, if any. | + | \$ | 0.00 | \$ | 0.00 | |
| | Iculate your total average monthly income. Add lines 2 through 10 for ch column. Then add the total for Column A to the total for Column B. | \$ | 6,146.40 | + \$ | 0.00 | = \$ | 6,146.40 |
| Part 2: | Determine How to Measure Your Deductions from Income | | | | | | al average nthly income |
| | py your total average monthly income from line 11. Iculate the marital adjustment. Check one: You are not married. Fill in 0 on line 3d. | | | | | \$ | 6,146.40 |
| | You are married and your spouse is filing with you. Fill in 0 in line 13d. | | | | | | |
| | You are married and your spouse is not filing with you. | | | | | | |
| | Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse | | | | | | |
| | In lines 13a-c, specify the basis for excluding this income and the amou adjustments on a separate page. | unt of inc | come devoted | l to each բ | ourpose. If nec | essary, | list additional |
| | If this adjustment does not apply, enter 0 on line 13d. | | | | | | |
| | 13a. | \$ | | _ | | | |
| | 13b. | \$ | | | | | |
| | 13c | +\$ | | | | | |
| | 13d. Total | \$ | 0.0 | <u>О</u> Сој | by here=> 13d. | | 0.00 |
| 14. Y | our current monthly income. Subtract line 13d from line 12. | | | | 14. | \$ | 6,146.40 |
| 15. C | alculate your current monthly income for the year. Follow these steps | 3: | | | | | |
| 15 | 5a. Copy line 14 here=> | | | | 15a. | \$ | 6,146.40 |
| | Multiply line 15a by 12 (the number of months in a year). | | | | | X 1 | 12 |
| 1 | 5b. The result is your current monthly income for the year for this part of | the form | ۱. | | 15b. | \$ | 73,756.80 |

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| Debt | or 1 | Jos | se S Sanchez, Jr. | | Case number (if known) | | | |
|------|------|-------------|---|--------------------------|--|------------------|--------|------------------|
| 16 | Cal | culat | e the median family income that applies to | vou. Follow these | steps: | | | |
| . • | | | n the state in which you live. | PA | Ciopo. | | | |
| | 100 | | in the state in which you live. | | _ | | | |
| | 16b | . Fill i | n the number of people in your household. | 3 | _ | | | |
| | 160 | To f | n the median family income for your state and ind a list of applicable median income amount ructions for this form. This list may also be ava | s, go online using | the link specified in the separate | 16c. | \$ | 72,866.00 |
| 17 | . Ho | | the lines compare? | | apie, eleme ellee. | | | |
| | 17a | ı. C | Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do l | | | | | determined under |
| | 17b |). I | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc current monthly income from line 14 above | ulation of Dispos | | | | |
| Par | t 3: | C | alculate Your Commitment Period Under 11 | U.S.C. §1325(b)(| 4) | | | |
| 18. | Co | ру уо | ur total average monthly income from line | I1. | | 18. \$ | | 6,146.40 |
| 19. | con | tend | he marital adjustment if it applies. If you are that calculating the commitment period under income, copy the amount from line 13d. | | | | | |
| | | | rital adjustment does not apply, fill in 0 on line | 19a. | | 19a. - \$ | | 0.00 |
| | | | | | | | | |
| | Sul | otract | line 19a from line 18. | | | 19b. | \$ | 6,146.40 |
| 20. | Cal | culat | e your current monthly income for the year | . Follow these ste | ps: | | | |
| | | | | | | 20a. | \$ | 6,146.40 |
| | | Mul | tiply by 12 (the number of months in a year). | | | | x | 12 |
| | | | | | | | | 12 |
| | 20b | . The | result is your current monthly income for the | ear for this part of | the form | 20b. | \$ | 73,756.80 |
| | 200 | . Cop | y the median family income for your state and | size of household | from line 16c | | \$ | 72,866.00 |
| | 21. | Hov | v do the lines compare? | | | | | |
| | | | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4. | ise ordered by the | court, on the top of page 1 of this form | n, check b | ох 3, | The commitment |
| | | | Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4. | nless otherwise or | dered by the court, on the top of page | 1 of this fo | orm, c | heck box 4, The |
| Par | t 4: | Si | gn Below | | | | | |
| | Ву | signin | g here, under penalty of perjury I declare that | the information on | this statement and in any attachments | s is true a | nd cor | rect. |
|) | (/s | / Jos | e S Sanchez, Jr. | | | | | |
| - | Jo | se S | S Sanchez, Jr. re of Debtor 1 | | | | | |
| | | • | ctober 12, 2015 | | | | | |
| | | | M/DD/YYYY | | | | | |
| | If y | ou che | ecked 17a, do NOT fill out or file Form 22C-2. | | | | | |

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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| | this information to | | | | | | | |
|-----------------|--|---|---|---------------------------------|---|----------------|-----------------|----------|
| Debto | | anchez, Jr. | | | | | | |
| Debto (Spou | se, if filing) | | | | | | | |
| United | States Bankruptcy (| Court for the: Easter | rn District of Pennsylva | ania | | | | |
| Case (if kno | number wn) | | | | ☐ Ch | eck if this is | s an amende | d filing |
| | I Form 22C-2 Ipter 13 Cal | culation of | Your Dispos | sable Ir | ncome | | | 12/14 |
| | out this form, you w itment Period (Offic | | eted copy of <i>Chaptel</i> | r 13 Stateme | ent of Your Current Mon | thly income | and Calculati | on of |
| space | | separate sheet to th | is form, Include the | | ether, both are equally re to which additional info | | | |
| Part 1 | Calculate You | r Deductions from \ | our Income | | | | | |
| the | questions in lines 6 | 6-15. To find the IRS | | e using the | or certain expense amou link specified in the sep | | | |
| exp | enses if they are high | ner than the standard | s. Do not include any | operating ex | ense. In later parts of the foenses that you subtracte income in line 13 of Form | d from incom | | |
| If yo | our expenses differ fr | om month to month, | enter the average expe | ense. | | | | |
| Not | e: Line numbers 1-4 | are not used in this fo | orm. These numbers a | apply to inforr | nation required by a simila | ar form used | in chapter 7 ca | ases. |
| 5. | The number of pe | ople used in determ | ining your deduction | ns from inco | me | | | |
| | plus the number of | | dents whom you supp | | ederal income tax return, nber may be different from | 1 | 3 | |
| Nat | ional Standards | You must use t | he IRS National Stand | dards to ansv | ver the questions in lines | 6-7. | | |
| 6. | | | g the number of people od, clothing, and other | | d in line 5 and the IRS Nat | tional | \$ | 1,249.00 |
| 7. | the dollar amount for people who are 65 | or out-of-pocket healt or olderbecause old | h care. The number of | f people is sp er IRS allowa | ntered in line 5 and the IR dit into two categoriespe ance for health car costs. 22. | ople who are | under 65 and | |

Official Form 22C-2

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| Debtor 1 Jose 5 Sancnez, Jr. Case number (# known) | Debtor 1 Jose S Sanchez, Jr. Case number (if known) |
|--|---|
|--|---|

| Peopl | e who are under 65 years of age | |
|-------------|--|---|
| 7 | a. Out-of-pocket health care allowance per person | \$60_ |
| 7 | b. Number of people who are under 65 | X3_ |
| 7 | c. Subtotal. Multiply line 7a by line 7b. | \$180.00 Copy line 7c here=> \$180.00 |
| Peopl | e who are 65 years of age or older | |
| 7 | d. Out-of-pocket health care allowance per person | \$144_ |
| 7 | e. Number of people who are 65 or older | X <u> </u> |
| 7 | f. Subtotal. Multiply line 7d by line 7e. | \$\$ Copy line 7f here=> \$ |
| 7 | g. Total. Add line 7c and line 7f | \$ 180.00 Copy total here=> 7g. \$ 180.00 |
| Local | Standards You must use the IRS Local Standards | to answer the questions in lines 8-15. |
| | on information from the IRS, the U.S. Trustee Prouptcy purposes into two parts: | ogram has divided the IRS Local Standard for housing for |
| Housi | ng and utilities - Insurance and operating expense | es |
| To an | | ee Program chart. To find the chart, go online using the link specified in the |
| 8. F | | penses: Using the number of people you entered in line 5, |
| fi | ll in the dollar amount listed for your county for insuran | nce and operating expenses. \$ 590.00 |
| 9. F | ousing and utilities - Mortgage or rent expenses: | |
| g | Using the number of people you entered in line 5, listed for your county for mortgage or rent expense | |
| 9 | b. Total average monthly payment for all mortgages | and other debts secured by your home. |
| | To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. | |
| | Name of the creditor | Average monthly payment |
| | Beneficial/Hfc | \$\$ |
| | Nationstar Mortgage | \$\$ <u>1,342.18</u> |
| | 9b. Total average monthly paymer | Copy line 9b here=> -\$ 1,886.48 Repeat this amount on line 33a. |
| g | c. Net mortgage or rent expense. | |
| | , | Сору |
| | Subtract line 9b (total average monthly payment) for rent expense). If this number is less than \$0, en | from line 9a (<i>mortgage</i> line 9c |
| | you claim that the U.S. Trustee Program's division | on of the IRS Local Standard for housing is incorrect and ill in any additional amount you claim. |
| | Explain why: | |

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| Debtor 1 | Jose S Sanchez, Jr. | | | Ca | se number (| f known) | | |
|----------|---|----------------------------------|---------------|---------------------|--------------|-------------------|----------------------------------|--------|
| 11. | Local transportation expense | es: Check the number of vehic | les for which | n you claim an | ownersh | p or operatin | ng expense. | |
| | ☐ 0. Go to line 14. | | | | | | | |
| | ☐ 1. Go to line 12. | | | | | | | |
| | 2 or more. Go to line 12. | | | | | | | |
| | Vehicle operation expense: U operating expenses, fill in the C | perating Costs that apply for y | our Census | region or met | tropolitan | statistical are | ea. \$ | 598.00 |
| 13. | Yehicle ownership or lease ex You may not claim the expense more than two vehicles. | | | | | | | |
| Ve | chicle 1 Describe Vehicle 1: | 2008 Chevrolet Malibu | with appro | ximately 13 | 0,000 m | iles | | |
| 13a | . Ownership or leasing costs usir | ng IRS Local Standard | | 13a. | \$ | 517.00 | | |
| 13b | . Average monthly payment for a Do not include costs for leased | • | | | | | | |
| | To calculate the average month are contractually due to each so bankruptcy. Then dived by 60. | | | | | | | |
| | Name of each creditor fo | r Vehicle 1 | Average m | onthly | | | | |
| | Chase | | \$ | 77.34 | | | | |
| | | | | Copy 13b here => | -\$ | | Repeat this amount on line 33b. | |
| 13c | . Net Vehicle 1 ownership or leas | se expense | | | | | Copy net | |
| | Subtract line 13b from line 13a. | if this amount is less than \$0, | enter \$0. | 13c. | \$ | 439.66 | Vehicle 1 expense here => \$ | 439.66 |
| Ve | hicle 2 Describe Vehicle 2: | 2004 Hyundai Santa Fe | with appro | oximately 12 | 20,000 m | niles | | |
| 13d | . Ownership or leasing costs usir | ng IRS Local Standard | | 13d. | \$ | 517.00 | | |
| 13e | . Average monthly payment for a leased vehicles. | II debts secured by Vehicle 2. | Do not inclu | ide costs for | | | | |
| | Name of each creditor fo | or Vehicle 2 | Average m | onthly | | | | |
| | Credit Acceptance | | \$ | 85.19 | | | | |
| | | | | Copy 13e here => | · -\$ | 85.19 | | |
| 13f. | Net Vehicle 2 ownership or leas Subtract line 13e from line 13d. | • | , enter \$0. | 11616 = 2 | | | Copy net Vehicle 2 expense | |
| | | | | 13f. | \$ | 431.81 | here => \$ | 431.81 |
| 14. | Public transportation expens Transportation expense allowar | | | | | ards, fill in the | e Public \$ | 0.00 |
| 15. | Additional public transportationals of deduct a public transportation to claim more than the IRS Lo | ion expense, you may fill in wl | hat you belie | | | | | 185.00 |
| | Sidini more tridii trio more Eu | ca. Claridara for r dono rranop | | | | | · | |

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Debtor 1 Jose S Sanchez, Jr. Case number (if known)

| Oth | ln addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories. | for | |
|-----|---|----------|----------|
| 16. | Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. | \$ | 742.93 |
| 17 | Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement | <u> </u> | |
| 17. | contributions, union dues, and uniform costs. | | 0.00 |
| | Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | \$ | 0.00 |
| 19. | Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. | | |
| | Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and | | |
| | preschool. Do not include payments for any elementary or secondary school education. | \$ | 0.00 |
| 22. | Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. | | |
| | Payments for health insurance or health savings accounts should be listed only in line 25. | \$ | 0.00 |
| 23. | Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. | +\$ | 0.00 |
| 24. | Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. | \$ | 4,416.40 |
| Add | ditional Expense Deductions These are additional deductions allowed by the Means Test. | | |
| | Note: Do not include any expense allowances listed in lines 6-24. | | |
| 25. | Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, o your dependents. | r | |
| | Health insurance \$ 71.20 | | |
| | Disability insurance \$ | | |
| | Health savings account + \$ | | |
| | Total \$ Copy total here=> | \$ | 71.20 |
| | Do you actually spend this total amount? No. How much do you actually spend? | | |
| | Yes \$ | | |
| 26. | Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. | \$ | 0.00 |
| 27. | Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | |
| | By law, the court must keep the nature of these expenses confidential. | \$ | 0.00 |

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| ebtor 1 | Jose S Sanchez, Jr. | Cas | e number (if knov | vn) | | | | |
|---------|--|--|-------------------|--------------------|-------------|--------------------|------------|--|
| | Additional home energy costs. Your hom allowance on line 8. | e energy costs are included in your non-mort | gage housing | g and utili | ties | | | |
| | If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. | | | | | | | |
| | You must give your case trustee document amount claimed is reasonable and necessa | ation of your actual expenses, and you must ary. | show that the | addition | al | \$_ | 0.00 | |
| | | Iren who are younger than 18. The monthly pendent children who are younger than 18 ye | | | | | | |
| | You must give your case trustee document claimed is reasonable and necessary and r | ation of your actual expenses, and you must not already accounted for in lines 6-23. | explain why t | he amou | nt | | | |
| | * Subject to adjustment on 4/01/16, and eve | ery 3 years after that for cases begun on or a | fter the date | of adjustr | nent. | \$ | 0.00 | |
| | | he monthly amount by which your actual food allowances in the IRS National Standards. T s in the IRS National Standards. | | | | | | |
| | | ional allowance, go online using the link spec so be available at the bankruptcy clerk's office | | eparate | | | | |
| | You must show that the additional amount | claimed is reasonable and necessary. | | | | \$_ | 0.00 | |
| 31. | Continuing charitable contributions. The instruments to a religious or charitable orga | e amount that you will continue to contribute in inization. 11 U.S.C. § 548(d)3 and (4). | n the form of | cash or f | inancial | \$_ | 0.00 | |
| | Add all of the additional expense deduct Add lines 25 through 31. | ions | | | | \$ | 71.20 | |
| Dedu | uctions for Debt Payment | | | | | | | |
| | | | | | | | | |
| | or debts that are secured by an interest bans, and other secured debt, fill in lines | in property that you own, including home | mortgages, | vehicle | | | | |
| Т | | ent, add all amounts that are contractually du | ue to each se | cured | | | | |
| | Mortgages on your home | | | | | Averag | ge monthly | |
| 00 | | | | | | payme | | |
| 33a. | | | | | => | 5 | 1,886.48 | |
| | Loans on your first two vehicles | | | | | | | |
| 33b. | Copy line 13b here | | | | => | \$ | 77.34 | |
| 33c. | Copy line 13e here | | | | => | \$ | 85.19 | |
| Nam | e of each creditor for other secured debt | Identify property that secures the debt | I ii | Does payinclude ta | ment xes | | | |
| | | | 1 | □ No | | | | |
| 224 | -NONE- | | | ☐ Yes | | œ. | | |
| 33d. | | | | - 103 | | \$ | | |
| | | | [| □ No | | | | |
| 22- | | | Г | ☐ Yes | | œ. | | |
| 33e. | | | | _ 103 | | 5 | | |
| | | | [| □ No | | | | |
| 201 | | | _ | □ Yes | + | œ. | | |
| 33f. | | | | 169 | _ | \$ <u></u> | | |
| | | | | | Сору | | | |
| 22~ | Total average monthly never Add Sec. | 230 through 33f | \$ 2, | 049.01 | total | ¢. | 2,049.01 | |
| osy. | Total average monthly payment. Add lines | ร ววล แทบนหูท วงเ | φ | O + O . O 1 | here= | ⇒ [⊅] – | 2,043.01 | |

Debtor 1 Jose S Sanchez, Jr. Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount Real property located at 9032 Ashton Road, Philadelphia PA 19136. Market value = \$163,909.00, minus 10% cost **18,988.15** $\div 60 = \$$ **Nationstar Mortgage** 316.47 of sale = \$147,518.10. \$ $\div 60 = $$ \div 60 = +\$ Copy 316.47 316.47 Total here=> \$ 35. Do you owe any priority claims - such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷60 \$ 0.00 36. Projected monthly Chapter 13 plan payment 390.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 10.00 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 39.00 39.00 here=> \$ Average monthly administrative expense 2.404.48 37. Add all of the deductions for debt payment. Add lines 33g through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4,416.40 expense allowances Copy line 32, All of the additional expense deductions 71.20 Copy line 37, All of the deductions for debt payment 2.404.48 6,892.08 6,892.08 Total deductions \$ Copy total here=> \$

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| Debtor 1 | Jos | e S Sanche | ez, Jr. | | Case | e numb | per (if known) | | |
|----------|---|---|---|--|---|--------|---|-----------------------|-----------|
| Part 2 | : De | termine You | ır Disposable Income Under 11 U.S | s.C. § 1325(b) | (2) | | | | |
| | | | rent monthly income from line 14 o Current Monthly Income and Calcu | | | | | \$ | 6,146.40 |
| | childrer disability received | The month payments for in accordance | ly necessary income you receive for ly average of any child support paymor a dependent child, reported in Part ce with applicable nonbankruptcy law ended for such child. | ents, foster call of Form 220 | are payments, or C-1, that you | \$ | 0 | .00 | |
| | employe in 11 U.S | r withheld fro S.C. § 541(b) | etirement deductions. The monthly om wages as contributions for qualifie (7) plus all required repayments of lo . § 362(b)(19). | ed retirement p | plans, as specified | \$ | 522 | .88_ | |
| 42. | Total of | all deductio | ns allowed under 11 U.S.C. § 707(k | o)(2)(A). Copy | / line 38 here=> | \$ | 6,892 | .08 | |
| | expense their exp | s and you ha | al circumstances. If special circums we no reasonable alternative, describe must give your case trustee a detailed ocumentation for the expenses. | e the special | circumstances and | d | | | |
| Des | cribe th | e special cir | cumstances | | Amount of exper | nse | | | |
| 43 | a | | | | . | | | | |
| 43 | lb | | | | . | | | | |
| 43 | Bc | | | \$ | <u> </u> | | | | |
| 43 | d. Tot a | I. Add lines 4 | 13a through 43c | \$ | 0.00 | | oy 43d e=> \$ | 0.00 | |
| 44. | Total ac | ljustments. / | Add lines 40 through 43d. | | => \$ | S | 7,414.96 | Copy total here=> -\$ | 7,414.96 |
| 45. | Calcula | te your mon | thly disposable income under § 13 | 25(b)(2). Sub | tract line 44 from li | ine 3 | 9. | \$ | -1,268.56 |
| Part 3 | : Ch | ange in Inco | ome or Expenses | | | | | | |
| | reported filed you informat petition, | in this form or bankruptcy ion below. For check 22C-1 is increased. | or expenses. If the income in Form 2 have changed or are virtually certain petition and during the time your casor example, if the wages reported incin the first column, enter line 2 in the fill in when the increase occurred, and | to change afto se will be oper reased after y e second colu | er the date you n, fill in the ou filed your mn, explain why | | | | |
| Forn | n | Line | Reason for change | | Date of change | | Increase or decrease? | Amount of | change |
| | 22C-1 22C-2 22C-1 22C-2 22C-1 22C-2 22C-1 | | | | | _ | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Decrease ☐ Decrease ☐ Decrease | \$ \$ \$ | |

| Jose S Sanchez, Jr. | Case number (if known) |
|--|---|
| | |
| Sign Below | |
| | |
| By signing here, under penalty of perjury you declar | re that the information on this statement and in any attachments is true and correct. |
| /s/ Jose S Sanchez. Jr. | |
| Jose S Sanchez, Jr. | |
| ŭ | |
| MM / DD / YYYY | |
| | |
| | Sign Below By signing here, under penalty of perjury you declar Is/ Jose S Sanchez, Jr. Jose S Sanchez, Jr. Signature of Debtor 1 October 12, 2015 |

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Debtor 1 Jose S Sanchez, Jr. Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **04/01/2015** to **09/30/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income

Income by Month:

| 6 Months Ago: | 04/2015 | \$5,676.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 05/2015 | \$8,514.00 |
| 4 Months Ago: | 06/2015 | \$5,676.00 |
| 3 Months Ago: | 07/2015 | \$5,676.00 |
| 2 Months Ago: | 08/2015 | \$6,107.20 |
| Last Month: | 09/2015 | \$5,229.20 |
| | Average per month: | \$6,146.40 |
| | | |